TO: 15712738300

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PTO/88/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDE	Docket Number (Optional)	Docket Number (Optional)			
FY 2005	US010575				
IFees pursuant to the Consolidated Appropriations At Application Number 10/014,195	Ciled				
_	1 17 (02.001	Filed 11/13/2001			
For Method and Apparatus for Recomm Art Unit 2652	ending Hems of I				
This is a request under the provisions of 37 CFR 1.1					
application.					
The requested extension and fee are as follows (cho	ck time period desire		ee below):		
One month /07 (SER 4 476-)/41)	<u>Fee</u>	Small Entity Fee	- 120		
One month (37 CFR 1.17(a)(1))	\$120	\$60	<u>\$_120</u>		
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$		
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	S		
Four months (37 CFR 1.17(a)(4))	\$1590	\$7 <del>95</del>	\$		
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	s		
Applicant claims small entity status. See 37 CFF	R 1.27.				
A check in the amount of the fee is enclosed	12/14/2005 TL0111	00000029 10014195			
Payment by credit card. Form PTO-2038 is	01 FC:1251	120.00 (			
The Director has already been authorized to	o charge fees in thi	s application to a Deposit.	Account.		
The Director is hereby authorized to charge	any fees which ma	ay be required, or credit ar	ny overpayment, to		
Deposit Account Number	I ha	ave enclosed a duplicate of	opy of this sheet.		
WARNING: Information on this form may become p Provide credit card information and authorization of	oublic. C <del>redit card Info</del> on PTO-2 <mark>038.</mark>	mation should not be include	ed on this form.		
I am the applicant/inventor.					
assignee of record of the entil					
Statement under 37 CFR 3		· ·			
			-		
Registration number if acting und		,374			
Lame d. Kewbe	Decembe	December 12, 2005			
Signature	Dat	Date			
James D. Leimbach	(585) 381-98	(585) 381-9983			
Typed or printed name	Telephône	Telephone Number			
NOTE: Signatures of all the inventors or essignees of record of the earthure is required, see below	ntire interest or their repres	contativo(s) are required. Submit mult	Iple forms if more than one		
Total of forms ar	e submitted.				

This collection of information is required by 37 CFR 1.135(s). The information is required to obtain or retain a bonefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionor for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/5B/17 (12-04v2)
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Applicant clain	ns email entity status.	See 37 CFR 1.27	<b>7</b>	I Init		Alvarez		1
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Check 🗸	Credit Card L	Money Order	_]None L	Other (plea	se identify):			
Deposit Acce	ount Deposit Account	Number		_ Deposit Accol	int Name:			
For the abov	ve-identified deposit a	eccount, the Direct	or is hereby (	authorized to: (c	heck all that a	apply)		
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unde WARNING: Information	or 37 CFR 1.16 and 1.10 on this form may be	17 come public. Credit	card informa				rovide credit card	
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FEE CALCULAT		·						-
1. BASIC FILING	S, SEARCH, AND	EXAMINATION F	EE8		·V A BAIRI À TIC	NI EEER		
	FILING F S	mail Entity	SEARCH Sn	rees e nail Entity	XAMINATIO Sme	il Entity		
Application Tv	<u>ne Fee (\$)</u>	Fee (\$)		Fee (\$)	Fee (\$) F	<u>ee</u> (\$)	Fees Paid (S)	
Utility	300	150	500	250		100		
Design	200	100	100	50	130	65	, <del></del>	
Plant	200	100	300	150	160	80		1
Reissue	300	150	500	250		300		
Provisional	200	100	0	0	O	0		
2. EXCESS CLA Fee Description						Fee (5)	Small Entity Fee (\$)	
Each claim ov	ver 20 (including Re	eissues)				50	25	
Each independent claim over 3 (including Roissucs)						200	100	
Multiple dependent claims				- <i>(</i>		360 Multiple D	180 ependent Claims	
Total Claims	or HP =	<u>19 Fee (S)</u> X	Feo Pai	0 (9)		Fee (\$)	Fee Paid (\$)	
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Indep. Claims	Extra Clahr	ns <u>Fee (\$)</u>	Fee Paid	<u>1 (\$)</u>	•			
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3. APPLICATION	N SIZE FEE .ion and drawings e	weed 100 cheets	a of naner (	excluding elec	etronically f	iled seme	ence or computer	
listings und	er 37 CFR 1.52(e)).	the application	size fee du	e is \$250 (\$12	5 for small	entity) for	cach additional 50	
sheets or fra	ection thereof. See	35 U.S.C. 41(a)(	(1)(G) and	37 CFR 1.16(	3).			
Total Sheets	- 100 =	<u>/50 =</u>	<u>r of each ad</u> (ro	ditional 50 or f und up to a who	raction there de number)		(\$) <u>Fee Paid (\$)</u>	
4. OTHER FEE(S							Fees Paid (\$)	
Non-English	Specification, \$1	30 fee (no small	entity disc	ount)				
Other (e.g., la	ate filing surcharge)	:Petition for one n	nonth extens	ion			120	
SUBMITTED BY	Λ	11 1 -						<u> </u>
Registration No						Telepho	one (585) 381-9983	
Name (Print/Type) James D. Leimbach						2/12/2005		
ANTHER TEACHER TENESTED	unico e. contidoci							

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. 80x 1450, Alexandria, VA 22313-1450. DO NOT SENU FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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